

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3894

FILE NO. 63-028224

FILED AUG 14 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY

Length of stay in lb 3 days

c. FULL NAME OF (If NOT in hospital, give location) Menorah Hospital

Inside limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE KANSAS

b. COUNTY Wyandotte

c. CITY OR TOWN KANSAS CITY

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS 2002 Chester

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Opal Middle Darlene Last Collins

4. DATE OF DEATH

Month July Day 10 Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

JAN 21 1932

9. AGE (last birthday)

31

10. IF UNDER 1 YEAR

Months 3 Days 1

11. IF UNDER 24 HR

Hours 36 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Artes Mfg Co.

11. BIRTHPLACE (City and state or country)

CAbool Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Frank Blevins

13b. MOTHER'S MAIDEN NAME

Opal Jenkins

14. NAME OF HUSBAND OR WIFE

William J. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO.

William J. Collins

17. INFORMANT

William J. Collins

18. ADDRESS

2002 Chester K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peritonitis, bacterial

INTERVAL BETWEEN ONSET AND DEATH

36 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

acute & chronic cholecystitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour 8:00 a.m. 0 p.m. 0

20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20h. CITY, TOWN, OR LOCATION

KANSAS CITY

20i. COUNTY

Wyandotte

20j. STATE

KANSAS

21. I attended the deceased from June 1963 to 7-10-63 and last saw her alive on 7-9-63

Death occurred at 8:00 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

m h Friedman

22b. ADDRESS

701 E. 63

22c. DATE SIGNED

7-10-63

23a. BURIAL, CREMATION, or other disposal (Specify)

BURIAL

23b. DATE

July 13-1963

23c. NAME OF CEMETERY OR CREMATORY

CAbool Cemetery

23d. LOCATION (City, town, or county)

CAbool - Missouri

23e. STATE

KANSAS

24. FUNERAL DIRECTOR

John, 1901 Olark Blvd, Kansas City, Mo

25. ADDRESS

7-11-63

26. DATE RECD. BY LOCAL REG.

7-11-63

27. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul B. Williamson

Licensed Embalmer No. 5009

P. O. Address

Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

MORRIS FRIEDMAN

101 E. 60th

Overland Park, Ks